

the use of the permanent catheter in old individuals reduced by severe and prolonged cystitis and the presence of putrid decomposing urine. [It is questionable if retention of a catheter does less harm in these cases than the presence of the decomposed muco-pus and urine. The method of allowing the bladder incision or suprapubic wound to remain open and to close spontaneously, as well as the employment of the cross-incision of Trendelenburg, is to be considered in this connection.]—*Deutsche Med. Wochenschrift*, No. 34, 1888.

III. The Etiology and Treatment of Nocturnal Enuresis in Children. By DR. OBERLANDER. Nocturnal enuresis in children, like some pathological disturbances in adults, are, as a rule, unaccompanied by organic changes, and are to be considered the result of reflex irritation of the urethra or its points of opening. To suggest that the disease is pure enuresis seems insufficient. In proof of this it need only be pointed out that decided success in the cure of enuresis follows the treatment by circumcision, separation of preputial adhesions, and by dilatation or incision of a narrow meatus urinarius. Similar coarctations may occur at other points of the urethra which, as that at the meatus, may disappear during the development of the organs. The treatment recommended by Oberlander, in those cases in which no other cause can be discovered, consists in dilatation of the posterior portion of the urethra. Three examples of this method of treatment are reported.—*Berliner Klin. Wochenschrift*. Nos. 30 and 31.

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SYPHILIS.

I. Muscle Syphiloma. By A. BILE, (Kiel). These were first described by Bouisson (*Gaz. Med.*, 1846). Being readily mistaken for malignant growths, their real occurrence is inversely proportional to their surgical importance. The paper describes a series of cases from the practice of Esmarch, to which are added some from other sources. They are brought under three heads. 1. Of the sterno-mastoid; 4 new and 4 old cases. 2. Of the extremities, 6 new and 4 old. 3. Of

the trunk, 2 new and 4 old. Of those classed as new, 2 had previously been published (Wasmer, *Dissertation*, 1872).

These cases presented a great variety of characteristics clinically and histologically, like syphilitic affections in general. Microscopically they are even less definitely determinable than gummas elsewhere. They are usually hard—except some surrounding oedema in many fresh cases—and peculiarly pale. In half the cases the neoplasm is situated near the tendinous or bony attachment, in the four of the sterno-mastoid, at its clavicular end. Local irritation (strain, rubbing, etc.,) may act as immediate cause. Though considered tertiary several have been observed within a year from time of infection (18 weeks in Newman's case). They may develop rapidly, in 2 or 3 months, or less, or very slowly, 3 to 6 years. The more rapid their growth and the earlier after infection, the more quickly and completely they disappear, but the less hard their outline and conversely. In most cases muscle-regeneration obscures all visible scarring, though atrophy of the whole muscle has been observed. Local pain is a frequent but not constant symptom either in the rapid or in the slow; in one it was increased by motion and in several at night.

For making the difficult differential diagnosis—besides seeking other marks of syphilis—he offers the following helps:

1. As a rule, muscle-syphiloma are quite hard.
2. Tumors of the sterno cleido are most probably syphilitic.
3. Nocturnal pain is suspicious.
4. Remember the advice of Nelaton and others to first treat anti-syphilitically muscle-tumors, unless their non specific nature is positively established.
5. To avoid gross errors, yet lose no time, make an exploratory incision, to determine the somewhat characteristic appearance, then exploratory excision for microscopical examination though this latter may be inconclusive.
6. Do not despair though at first the anti syphilitic cure fails.—*Mittheilungen a. d. chirurg. Klinik zu Kiel*. iv, 1888.

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